FOR STATE HEALTH DEPT

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TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any dela, — necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. VR A15ME 3500 4-64

02116 ME

MARY	LAND STATE D	EPARTMENT OF	HEALTH	
STICAL RESEA	RCH AND RECORI	DS, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
MEDICAL	EXAMINER'S	CERTIFICATI	OF DEATH	02066

1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a. STATE b. CDUNTY	esidence before admission)				
1	Caroline MARYLAND	c. CITY DR TOWN (If dutside corporate limits, write RURAL	roline				
	b. CITY OR TOWN (If outside corporate limits, Rurite Burn Mand give nearest town) 52 Yrs.	Rural Marydel	and give nearest town)				
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE				
5	None	None	DN A FARM? YES ND M				
	3. NAME OF DECEASED (Type or print) Richard Albert	Beck 4. DATE Month OF DEATH 2	Day Year 15 19 66				
1	5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED	8. DATE DF BIRTH 9. AGE (In years IF UNDER)					
1	Male Col. WIDOWED DIVDRCED	Jan. 30, 1914 1ast birthday) Months	Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Painter Painter	11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT UNTRY?				
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Isiah Beck	Elizabeth Henry					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17.	INFORMANT Address					
	(Yes, an or unknown) (If yes give war or dates of service) (Inknown)	elen Beck Marydel, Marylar	nd				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH				
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CATE CORE ON GRY	minter					
1	Conditions, If any, which) DUE TD						
	gave rise to Immediate						
	cause (a), stating the DUE TO Concertised total states (c) Concertised total						
		LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO				
	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	SURRED. (Enter nature of injury in Part I or Part II of item 18.)				
		ACE OF INJURY (Home, farm, tory, street, office bidg., etc.)	nty) (State)				
1	21. I certify that I took charge of the remains described above, h	eld an Autopsy 🔲, Inspection 🛶 Inquiry 🛶,	and in my opinion				
1	death resulted from: Natural causes Accident , S	uicide, Homicide, Undetermined manner					
4	CHIEF MEDICAL EXAMINER						
	SIGNATURE Tune, VO Versus	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED				
-	EXAMINER'S NAME (Type) Herold R Plumpon	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	2/15746				
	23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETER		unty) (State)				
	Buriar 2-19-66 Mt. Zion	Marydel, Maryl	Land				
	24 FUNERAL DIRECTOR . ADDRESS	25a. REC'D BY REGISTRAR 256. REGISTRAR'	S SIGNATURE				
1	J. E. Boulais Leensloro, md. DATE B 18 1966 Charles Judge						

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02117 CERTIFICATE OF DEATH

/1.	a. COUNTY Caroline				2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline				
	b. CITY OR TOW	N (if outside corporat	te limits,	c. LENCTH OF STAY IN 1b	1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro			
-	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not In h	ospital, give street address	d. STREET ADORESS		05-1	e. IS RESIDENCE	
		None				None		ON A FARM?	
3.	NAME DF DECEASED (Type or print)	Viola	rst		utler	4. DATE OF DEATH	Month 2	1 Year 19 66	
	SEX	6. COLOR OR RACE	7. MARRIEO		8. OATE OF BIRTH	last hi		1 YEAR IF UNDER 24 HRS.	
F	emale	White	WIDOWED	DIVORCED	11-20-1890	75"	vrs. Months	Days Hours Min.	
10 du H	a. USUAL OCCUPAT ring most of work OUSEWII	ION (Cive kind of working life, even if retire	done 10b. K	IND OF BUSINESS OR NDUSTRY	Maryla	county & State, or foreig	n country) 12. C	DUNTRY?	
13	. FATHER'S NAM	E			14. MOTHER'S MAIL	DEN NAME			
	Jo	hn White			Lau	ra Waters			
1! (Y	5. WAS DECEASED I	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
,,	No	(11 yes give was or dates	21	4-32-7059 H	arry F. Bu	utler Gre	ensboro	, Md.	
	18. CAUSE OF	DEATH [Enter only on	e cause per li	ine for (a), (b), and (c).]				INTERVAL BETWEEN	
	PART I. OF	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	Parkinso	n's Diseas	10		ONSET AND DEATH	
	350	OUE							
	Conditions, If		(b)	Progress	ive Cerebr	ro-spinal			
	gave rise to	OHE		Paralysi	8				
	cause (a), st underlying caus	rating the ((c)						
NO				JTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL I	DISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY	
ICAT			ioscle	rotic Cardi	ovascular	Disease.	with_	YES NO	
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING AND CAUSE OF DEATHER MEDICAL EXAMIT	TH	DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f injury W Part tol	Part II of Kent 18	.)	
MEDICAL	20c. TIME OF I Hour a.m		Year 20d. II While at work	Not While fact	ACE OF INJURY (Home, factory, street, office bldg., e		town) (Co	unty) (State)	
-		y that (I) (this hosp	ata)) attende	ed the deceased from_	Jan. 10 1	64 to Feb	1 19	56, that (I) (we) last	
1		Leaseu alive Uli	rb. 1	19 66, and th	at death occurred &	+ DA M, from the		he date stated above.	
(227. SICHITU	OF MY	week	Me	ATTENDING	MED. STAI	EE.	ATE SIGNEO	
	22c. PHYSICIA	N'S	The second	y ce	D PHYS. X	DIRECTOR PHY	s. Lifeb.	2'66	
	NAME (T)	(pe)Charles	H.Sto	nesifer, M.D	• Green	sboro Md	21639		
23	a. BURIAL, CREM REMOVAL (Spe	ATION, 23b. DATE 1	THEREOF	23c. NAME OF CEMETER			(City, town or co	unty) (State)	
20	Buria	1 2-4-6	6	Greensbor	0 L 25a. RE	Green	sboro	MA	
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DEPARTMENT Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edinission) . COUNTY Page b COUNTY 10 al director. Page for your files. MARYLAND Department death. CITY OR TOWN (if outside corporata limits, c. CITY OR TOWN (Il outside porporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 10 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) IS RESIDENCE d. STREET ADDRESS ON A FARM? retained the State after YES NO X NAME OF Middle 4. DATE Month Dev Yeer er death. If ar, and 3 to the fi hours DECEASED OF the 5 may be red 2 with the (Type or print) DEATH 19 0 DATE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Devs WIDOWED DIVORCED O DEPUTY INDICAL EXAMINER: This certificate should be executed within 24 hours after please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3, rage 5 m O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1, the Health or its designated agent, prior to burial, cremation, or removal, and in any event which 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) AJI ROAD 13. FATHER'S NAME 14. MOTHER'S YONER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) I (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronaty Occlusion minutes IMMEDIATE CAUSE (a) **DUE TO** Sc.erosis Coronary Conditions, if any, which loyre gave rise to immediate cause disease DUE TO (e), stating the underlying 15yrs Cardin Renal Hypertensiv e arteriosclerate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (Stete) factory, street, office bldg., etc.) While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Inquiry Undetermined manner death resulted from: Matural causes Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) MANE OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION 22d. LOCATION (City, town, or country) (State) OL EB 10 1966 PCharles Our 23. FUNERAL DIRECTOR ADDRESS VR A15ME 5M 1/62

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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and give nearest town)
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e. IS RESIDENCE ON A FARM?
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YEAR IF UNDER 24 HRS.
Days Hours Min.
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INTERVAL BETWEEN ONSET AND DEATH
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19. WAS AUTOPSY PERFORMED?
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e date stated above.
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5 (4) 1/65 VR A15

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	NYTYU			CERTIFICAT	E OF DEATH	4		1)2	071
1. P	LACE OF DEATH	aroline		MARYLAND	07075	CE (Where decea	ased lived, If institut b. COUNTY		ce before admission)
b		N (if outside corpora and give nearest tow ton - Rura)		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	reston		RURAL and s	give nearest town)
(PITAL OR INSTITUTION IN THE PROPERTY OF THE PR	N (If not in h	ospital, give street address)	d. STREET ADDRESS Beth1				e. IS RESIDENCE ON A FARM? YES NO X
(IAME OF DECEASED Type or print)	Net		Middle Elizabeth	Last Lord	4. DATE DF DEATH	Month Februa	of .	19 66
5. S	emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH January 8,	1915	AGE (In years IFU More pirthday) yrs.		
durin	g most of work Employe	ION (Cive kind of working life, even if retire e Bay Shore	d) II	VDUSTRY	Caroline	Co., Ma		COUNTE	RY?
13.	FATHER'S NAM	E Fluharty	T		14. MOTHER'S MAII	DEN NAME	ter		
15. \ (Yes,	NAS DECEASED No, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	f service)		INFORMANT Lewis M. Lor	d, Pres	Address ton, Mary	land,	RFD
1				ine for (a), (b), and (c).1 static Carci	nomatosis			00	ERVAL BETWEEN USET AND DEATH
	Conditions, If		to Caro	inoma of th	e Fundus (Yteri	36	50	Dmonths
	cause (a), st underlying caus	ating the DUE	(c) Car	rcimoma of t				2	7
CERTIFICATION	PART II. OTHER S	ICNIFICANT CONDITION	ONS CONTRIBL	TINC TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDI	ITION CIVEN IN PAR		PERFORMED?
	20a. ACCIDENT OR CONTRIBUTI IF EITHER, NO	WAS UNDERLYINC ☐ NG ☐ CAUSE OF DEA FIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f Injury In Par	t I or Part II of It	em 18.)	
MEDICAL	Oc. TIME OF Hour a.r		Year 20d. While at worl	Not While fact	ACE OF INJURY (Home, f ory, street, office bldg., e	etc.)	Olty or town)	(County)	(State)
	21. I certif	y that (I) (this hos	oital) attend	ed the deceased from					that (I) (we) last ate stated above.
	22a. SICNATURE BLEMMED. ATTENDING MED. STAFF 2/3/66 M.D. PHYS. DIRECTOR PHYS. 2/3/66								
	22c. PHYSICIA NAME (T)	rpe) (r	d p p	lummar 2 D	22d. ADDRESS				
1	Burial	Februa:	THEREOF cy 5,19		ip Cemetery	Mea	ation (city, town r Federal	sburg,	(State) Maryland
24. J.	J. Fran		on, Fed	eralsburg, Man		0.0	TRAR 25b. REGIS	strar's sic	

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FOR STAN HEALTH DE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1 and 2 with the State Department of 5 may be retained for your files. The State Department of hin 72 hours after death.

Health or its designated agent, prior to burial, cremation, or removal, and in any event

VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH 02121 of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

T I						
1.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmissi				
	o. COUNTY MARYLAND	e. STATE D. COUNTY D. COUNTY				
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)				
	weile RURAL end give neerest town)					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)	d. STREET ADDRESS				
	D77 7 -	ON A FAR				
0	T. D. DENTON	YES NO				
	3. NAME OF First Middle DECEASED	1. Last 4. DATE Month Dey Year OF				
11	(Type or print)	ICNEALL DEATH FEB 23 1966				
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI				
	M. WIDOWED DIVORCED 1	Nov. 19 19324 31 yrs. Months Deys Hours Mir				
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Siefe or foreign country) 12. CITIZEN OF WHAT COUNT				
	done during most of working life, even if retired)	MARRIOTE WIN NEW MISA				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	SAMUEL HENRY NENELL	VI P 1				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address				
	(Yes, no of unkown) (If yes give wer or detes of service)	ATILDA MENER DENTON MA				
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN				
	BART I DEATH WAS CAUSED BY	ONSET AND DEATH				
	IMMEDIATE CAUSE (a) Asph yxiation and	d Burning Beyond				
	9/60 DUE TO	minutes				
V	Conditions, if eny, which \ (b) Recognition					
	gave rise to immediate cause (a), steting the underlying DUE TO					
	eause lest. (c) Fine intraile	r 15minute				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP				
0	Above was severely retarded	PERFORMED YES \(\sqrt{NO} \)				
W	PRIMARY IT OF CONTRIBUTING IT	(Enter neture of injury in Pert I or Pert II of Item 18.)				
	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	susing Cire in trailer				
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20s. PLA	any street office bldg etc.)				
5	While Not While facts of work at work	Dent_n aroline Md.				
-	21. I certify that took charge of the remains described above, he					
	death resulted from: Natural causes Accident Suici					
		CHIEF MEDICAL EXAMINER				
	ACTUAL (B)	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER				
	SIGNATURE (CONT) THINKING	DEPUTY MEDICAL EXAMINER				
2	EXAMINER'S NAME (Type) Harold B. Plummer Md.	Address (Street, city, town, or county) PRESTS 2/23/66				
	222 BURIAL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d, LOCATION (City, town, of county)				
	(REMOVAL Specify) FEB. 25,66 WICOMICO	MEMORIAL SALISBURY MS				
	23. FUNENAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
0	Min. of & Gest. In	/ 101 0 0				
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FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hoursefter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Page 11. 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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> VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1919

L. PLACE OF DEATH S. COUNTY ARCHIVE B. CITY OF ROWN II counide corporate limits. ARCHIVE B. CITY OF ROWN III counide corporate limits. ARCHIVE C. CITY OF ROWN III counide corporate limits. A	_	ONTHO					HALLA	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY hours b. COUNTY by the land 2 death MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) þ write RURAL and give meerest town) 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress) d. STREET ADDRESS hours completely papers. 3. NAME OF First Middle 4. DATE Month 72 DECEASED (Type or print) DEATH carbon withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR DATE OF BIRTH pue lest birthdey) WIDOWED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) any please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LINKNOWN WNKNOWN pue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yes, no, or unkown) | (If yes give we ror detes of service) that the 4600 permit. 1B. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c), by ONSET AND DEATH 6 PART I. DEATH WAS CAUSED BY. Coronary Thrombosis as been signed burial-transit po IMMEDIATE CAUSE (a) DUE TO attending Arteriosclerotic C.V.Disease with geve rise to immediate cause Hypertension DUE TO (e), steting the underlying ceuse lest. the PHYSICIAN: ed by the hospital o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION 0 Nutritional Anemia prior detached for use 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING WEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm,) 20f. (City or town) (County) factory, street, office bldg., etc.) be retained Not While at work at work should be de DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from JULY 10 Feb.14 saw the deceased alive on Feb. 13 220. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. HOSPITAL FUNERAL page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) .Stonesifer, M.D. Greensboro, Md. 21639 filed v 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOI REMOVAL (Specify) 0 = 3 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

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VR A15 (4)

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATE	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAND
02124	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BACKLER OF DEATH	1120

	04144	CERTIFICATE	OF DEATH		02075
7	d. NAME OF HOSPITAL OR INSTITUTION (if no Arrhospi 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	Middle ALBERT S(NEVER MARRIED 8. D. DIVORCED AP	a USUAL RESIDENCE (Whare a USIATE CLAN) c. CITY OR TOWN (II outside con Ruck A) d. STREET ADDRESS Last AFF DEAT ATE OF BIRTH R 9, 1883	b. COUNTY A COUNTY AND A COUNTY	give nearest lown) 10. IS RESIDENCE ON A FARM? YES NO NO THE NO TH
	10e. USUAL OCCUPATION (Give kind of work done during most of working lile, evan il ratirad)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State,	or loreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
ľ	13. FATHER'S NAME		. MOTHER'S MAIDEN NAME		
	EDUARD SCHIFF		ELIZABET	H BECK	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Illyesgive war or datas of sarvice)	OCIAL SECURITY NO. 17. INF	ORMANT	Address	
	Conditions, if any, which (b) Ge	rebro vascular neralized arter			interval Between onset and death 15 minutes 15 yrs
	(a), stating the underlying cause last. (b) Di	abetes			10 yrs.
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTI				1(a) 19. WAS AUTOPSY PERFORMED? YES NO
- 1		RIBE HOW INJURY OCCURRED. (1	Entar nature of Injury in Part I or Pa	ort II of item 18.)	
	Hour a.m. Whila p.m. 19 at work	Not While lactory,	streat, offica bldg., atc.)	(Coun	ty) (Stete)
	21. I certify that (I) (this hospital) attended saw the deceased alive on Feb. 3			o. Feb. 3, 196 m the causes and on the	
	220. SIGNATURE	ef M.D.	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) H. R. Trapnell	M. D.	Federalsburg	Maryland	
		23c. NAME OF CEMETERY OR		CATION (City, town or county)	MD (Steta)
	24 FUNERAL DIRECTOR'S SIGNATURE WOORE	DENTON, MS	250. REC'D BY REGIONAL PREB 14	1968 generales	0

An extension of the Park 8803U delicated to describe organization SALE SEE STATE OF STATE OF

YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S OF DEATH CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution, Residence before edmission) and 3 to the funeral director. Page they be retained for your files. With the State Department of 72 hours after death. e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate limits, write RURAL end give nearest town RURAL and hive nearast town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE . ON A FARM? YES NO TO 3. NAME OF First Middle 4. DATE Month Dev Yaar DECEASED OF (Typa or print) DEATH 196 5 SEX 6. COLOR OR RACE DATE OF AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 2 and . last birthday) Months iould be executed within 24 hours after with pencil in Item 18, Give Pages 1, 2, an Office along with form PM3. Pages 5 in the pages of WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if ratirad) No event File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME any 2 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address, permit. (Yes, no, or µnkown) | (Ifyesgive war or dates of sarvice) pue EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c). INTERVAL BETWEEN burial-transit remova ONSET AND DEATH PART I. DEATH WAS CAUSED BY-CC/43100 a un or 1277 Ince IMMEDIATE CAUSE (a) DUE TO 0 used as a bu Conditions, if any, which (b) please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's CO FUNERAL DIRECTOR: Page 3 should be used as a kealth or its designated agent, prior to burial, cremation. gave rise to immediate ceuse DUE TO (a), stating the undarlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO W 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S 6 mm CR NAME (Typa) Address (Straat, city, town, or county) CI 22c. NAME OF CEMETERY OR CREMATORY 22a) BURIAL, CREMATION. (Stete) REMOYAL (Specify) FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. VR A15ME 5M 1/62

15045 U. TKELL MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02126 C	ERTIFICATI	OF DEATH		UZ	2077
1.	PLACE OF DEATH 6. COUNTY Caroline	MARYLAND	2 STATE 44	E (Where deceased lived, If instead b. COUN		A CONTRACTOR OF THE PARTY OF TH
		GTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, wri		
	Preston (rural) Li	fetime	Presto	on (rural)	05	-/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
3.	NAME OF First	100		L 4 DATE Mark	200	YES NO
٥.	(Type or print) Roland R. Willoughby	Middle	Last	4. DATE Month OF DEATH	2/3	3 1966
5.		ER MARRIED 8	B. DATE OF BIRTH	last birthday)	IFUNDER 1 YEAR Months Days	Hours Min.
	male white WIDOWED	DIVORCED	2/15/1910	55 yrs.		
		no.	C	unty & State, or foreign country) Maryland	12. CITIZEN	Y?
13	3. FATHER'S NAME		14. MOTHER'S MAID	EN NAME		
	Alonza Willoughby		Alice B.			
(Y)	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (es, no, or unkown) (If yes give war or dates of service)		INFORMANT	Addres		44 100
	no 218-03		rs. Alice B	. Willoughby,	Preston	
	18. CAUSE OF DEATH [Enter only one cause per line for (INT	ERVAL BETWEEN SET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cornary Icclusion					
	4201 DUE TO 35					
	Conditions, If any, which (b) Warked Coronant Arteriogolerosis Conditions Conditions					
	cause (a), stating the DUE TO					10yrs
NO	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	1				
CATI		DECEMBER OF RELEX	TED TO THE TERMINALED	TO DIOLOGIA DI TON GIVEN IN I		PERFORMED?
CERTIFICATION	20a, ACCIDENT WAS UNDERLYING 1 1 20b. DESCRIB	E HOW INJURY OCCU	RRED. (Enter nature of	Injury in Pert I or Part II of		E3 NO
CERI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIB OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	- 11011 1117011 0000	(2000)	,.,		
			CE OF INJURY (Home, fa	rm, 20f. (City or town)	(County)	(State)
MEDICAL	Hour a.m. While Not at work at	While Tactor	ry, street, office bldg., et	(c.)		
-	21. I certify that (I) (this hospital) attended the		30 . 19		. 19t	hat (I) (we) las
		19, and that	death occurred at			
	22a. SIGNATURE				22b. DATE SI	IGNED
	Myry Volem	my M.D	. PHYS.	MED. STAFF DIRECTOR PHYS.	2/3.0	33
	22c. Physician's NAMEL Birth B. Plummer M. I).	Prestor	Maryland		
238	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(State)
	Burial (Specify) 2/6/1966	. O.U.A.M.	Cemeteru	Preston, Md.	e.	
24	4. FUNERAL DIRECTOR	ADDRESS		'D BY REGISTRAR 25b. RE	GISTRAR'S SIG	NATURE
	MAURICE E. NEWNAM & SON, Ea.	ston, Md.	DATEE	9 1966 80	harley &	Judge

VR A15 (4) 20M 1/65

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	2/12/1919 20/20		asile white
	and ind majdent	ian. alia	sish di
	ile man		alinga Milloughler
, ,	w. Mice A. Villariby	A 1825-19-315	OT.
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